Effective January 1, 2003 1062.1077												
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY			٠.	OTHER SMALL	THAN
TOTAL CLAIMS			67				F	ATE	FEE		RATE.	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BA	SIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			67 minus 20=		• 47		,	(\$ 9=		OR	X\$18=	846
INDEPENDENT CLAIMS			minus 3 =		2		,	(42=		OR	X84=	168
MU	LTIPLE DEPEN	DENT CLAIM P	·				140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2							T	OTAL		OR	TOTAL	1764
4-406 (Column 1) (Column 2) (Column 3)							SI	MALL I	ENTITY	OR	OTHER SMALL	
Image: Control of the		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
IDMENT	Total	.60	Minus	-6	7	= /	X	\$ 9=		OR	X	50-
AMEN	Independent	• 5	Minus			<b>a</b>	,	(42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								140=		OR	+280=	
1, 25, 44,54,65								TOTAL OIT, FEE			TOTAL ADDIT. FEE	50,-
(Column 1) (Column 2) (Column 3)												
ENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGH NUM PREVIO PAID		BER DUSLY	PRESENT EXTRA		ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	.68	Minus	** 6	3	=	<b>\</b>	\$.9=~	-	QR	X\$18=	•
AME	Independent	• 5	Minus	***	5	-	17	(42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	140≃		OR	+280=	
								TOTAL		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
NOMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	]\[F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X	\$ 9= ·		OR	X\$18=	
AMENDI	Independent	ATTATION OF A	Minus	+#+	CO AUA	•	15	(42=		OR	X84=	·
	TIMO I PHESE	NTATION OF M		ENUEN	CLAIM		1	140=		OR	+280=	
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE												
***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1:												

Application or Docket Number